

I am a Licensed Professional Counselor and deeply committed to suicide prevention and the 24/7 availability of professional, warm and effective crisis call center services. I work for Behavioral Health Link, which operates crisis/access call center services and mobile crisis outreach for the state of Georgia.

We also provide regional overflow coverage for 1-800-SUICIDE and 1-800-273-TALK for the Southeastern United States. BHL has answered the national suicide lines since 2002 and has intimate knowledge of the differences in management support by both KBHC and by Link2Health (MHA of NYC). The benefits of both numbers being operated by Link2Health (MHA of NYC) have been enormous. It is alarming that the FCC would even consider control of 1-800-SUICIDE reverting to KBHC. We believe it is vital that the FCC receive feedback from the 120+ crisis centers across the nation who actually answer the calls and have experience with both networks.

I support SAMHSA being given full and permanent control of the vitally important 1-800-SUICIDE hotline number. SAMHSA has provided outstanding leadership to this initiative, and the Link2Health (MHA of NYC) management has been characterized by training, technical support, best practice research tools, funding, data reporting, technology assistance, conference opportunities, etc. I believe strongly the two national hotlines for suicide should be coordinated jointly. I also believe that SAMHSA control would ensure we do not face another possible threat of the number being disconnected, which would be disastrous given the volume of callers in need. BHL answers 25,000 calls per month and understands how important these safety-net services are and how the public relies on them in time of need. The federal government has increased the amount of funding to suicide prevention in the past several years, but it is still so limited for the number of deaths and the scope and scale of this important public health problem. Giving SAMHSA full and complete control of this hotline number will help leverage those funds to their best impact and ensure that individuals in crisis receive a well trained and reliable answer, providing help when it is needed.

BHL is aware of the criticism that has been levied at SAMHSA and Link2Health (MHA of NYC) regarding concerns the new line does not serve the needs of suicidal callers, does not respect their privacy, and does not have the level of technical sophistication possessed by the previous management. I completely disagree with these conclusions, and have found the opposite. The quality of service continues to improve in the network due to an exciting infusion of research-based best practices, including the work of the late Dr. John Kalafat at Rutgers University, Dr. Madelyn Gould at Columbia University, Dr. Brian

Mishara at the University of Quebec, Dr. Thomas Joiner of Florida State University, and NSPL's own Dr. John Draper. It is our experience that SAMHSA, Link2Health (MHA of NYC) and the network of 120+ crisis centers takes privacy issues extremely seriously. It is the belief of the BHL team that the technology support provided by SAMHSA through Link2Health (MHA of NYC) has been nothing short of amazing.

I believe to reverse course at this juncture would set back these vitally important suicide prevention efforts, and hope the FCC will solicit the views of the 120+ crisis centers who know this question best prior to making such a critical decision. Nine hundred individuals end their lives by suicide in Georgia alone each year. This decision matters. Thank you for your consideration.